

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tadashi Shimazaki :  
Serial No.: 10/698,310 : Art Unit: 3737  
Filed: October 31, 2003 : Examiner: Brian L. Casler  
For: ULTRASONIC PULSE :  
TRANSMISSION METHOD AND :  
ULTRASONIC DIAGNOSTIC :  
APPARATUS :

**Mail Stop: RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
RCE Transmittal (3 pages)  
Extension of Time Transmittal (3 pages)

**STATUS**

2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 450.00	\$ 225.00
<input checked="" type="checkbox"/> third month	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> fourth month	\$ 1,590.00	\$ 795.00
<input type="checkbox"/> fifth month	\$ 2,160.00	\$1,080.00
	Fee Due	\$ 1,020.00

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 1,020.00

**OR**

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$25.00 - \$		x \$50.00 - \$
		MINUS		=	x \$100.00 - \$		x \$200.00 - \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 - \$		+ \$360.00 - \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) ☒ No additional fee for Claims is required

OR

(b) ☐ Total additional fee for claims required \$

### FEE PAYMENT

5. Attached is a check in the sum of \$

☒ Charge Deposit Account No. 01-2384 the sum of \$1,020.00.  
A duplicate of this transmittal is attached.

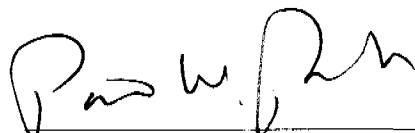
### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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